

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4																																															
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE07-03-D-S041			<b>2. DELIVERY ORDER/CALL NO.</b> 0003		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004JAN06		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4																																																
<b>6. ISSUED BY</b> TACOM WARREN BLDG 231 AMSTA-AQ-ATAC LENORE MYERS (586)574-8121 WARREN, MICHIGAN 48397-5000 EMAIL: MYERSLE@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA DETROIT U.S. ARMY TANK & AUTOMOTIVE COMMAND (TACOM) ATTN: DCMABE-GJD WARREN, MI 48397-5000 <b>SCD: C PAS: NONE ADP PT: HQ0337</b>			<b>CODE</b> S2305A		<b>8. DELIVERY FOB</b> <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)																																															
<b>9. CONTRACTOR</b> GMA COVER CORP 1314 CEDAR ST. PORT HURON, MI. 48060-6119 <b>NAME AND ADDRESS</b>  TYPE BUSINESS: Other Small Business Performing in U.S.			<b>CODE</b> OV8C5		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																															
<b>12. DISCOUNT TERMS</b> Net 30 Days			<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15																																																						
<b>14. SHIP TO</b> SEE SCHEDULE			<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266				<b>CODE</b> HQ0337		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;"><b>16. TYPE OF ORDER</b></td> <td style="width: 10%; text-align: center;"><b>DELIVERY/ CALL</b></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td style="text-align: center;"><b>PURCHASE</b></td> <td></td> <td colspan="9" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> <tr> <td colspan="12" style="padding: 5px;">ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</td> </tr> </table>												<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									<b>PURCHASE</b>		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.									furnish the following on terms specified herein.											ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
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<table style="width:100%;"> <tr> <td style="width: 25%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width: 25%; text-align: center;">SIGNATURE</td> <td style="width: 25%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width: 25%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> </table> <p><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</p>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)																																										
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<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE																																																									
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>				<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>																																														
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders																																																							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						<b>24. UNITED STATES OF AMERICA</b> MARIE T. GAPINSKI /SIGNED/ GAPINSKM@TACOM.ARMY.MIL (586)574-5333 <b>BY:</b> CONTRACTING/ORDERING OFFICER				<b>25. TOTAL</b> \$117,477.00																																															
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED																																																									
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>																																																	
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>																																															
<b>f. TELEPHONE NUMBER</b>						<b>g. E-MAIL ADDRESS</b>																																																			
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>																																															
<b>a. DATE (YYYYMMDD)</b>						<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>																																																			
						<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>31. PAYMENT</b>		<b>34. CHECK NUMBER</b>																																															
										<b>35. BILL OF LADING NO.</b>																																															
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>																																															

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0011	NSN: 2510-01-330-6175 FSCM: 0V8C5 PART NR: 54000 SECURITY CLASS: Unclassified				
0011AA	<u>PRODUCTION QUANTITY</u>  NOUN: DOOR,VEHICULAR PRON: EH43S427EH      PRON AMD: 01      ACRN: AA AMS CD: 060011  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: GMA COVER COMMERCIAL PACKAGING LEVEL PRESERVATION: Military LEVEL PACKING: B  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                          SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W56HZV3345T902 W25GLU J 2 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DAYS AFTER AWARD</u> 001                    960                    0060  002                    414                    0090  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W25GLU) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE07-03-D-S041/0003  DOC                          SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 002 W56HZV3345T903 W62G2T J 2 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DAYS AFTER AWARD</u> 001                    343                    0090  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W62G2T) XU DEF DIST DEPOT SAN JOAQUIN	2061	EA	\$ 57.00000	\$ 117,477.00



Name of Offeror or Contractor: GMA COVER CORP

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM	OBLG STAT	ACCOUNTING CLASSIFICATION	JOB ORDER NUMBER	ACCOUNTING STATION	OBLIGATED AMOUNT
0011AA	EH43S427EH 060011	AA 2	97 X4930AC9D 6D	26KB S20113	W56HZV \$	117,477.00
TOTAL						\$ 117,477.00

SERVICE NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT
Army	AA	97 X4930AC9D 6D	26KB S20113	W56HZV \$ 117,477.00
TOTAL				\$ 117,477.00